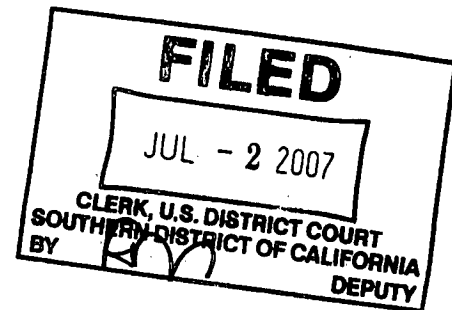


PLAINTIFF/PETITIONER/MOVANT'S NAME SINQUE BEIANA MORRISONPRISON NUMBER 0601343644PLACE OF CONFINEMENT West Valley Detention CenterADDRESS 9500 Etiwanda Ave
Rancho Cucamonga, CA 91739

2254	1983
FILING FEE PAID	
Yes	No <input checked="" type="checkbox"/>
HFP MOTION FILED	
Yes <input checked="" type="checkbox"/>	No
COPIES SENT TO	
Court <input checked="" type="checkbox"/>	ProSe



United States District Court
Southern District Of California

'07CV 1209 DMS JMA
Civil No.

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

Sinque B. Morrison Plaintiff/Petitioner/Movant

v.

GARY PENROD
Donna Gunnell Garza Defendant/Respondent

**MOTION AND DECLARATION UNDER
PENALTY OF PERJURY IN SUPPORT
OF MOTION TO PROCEED IN FORMA
PAUPERIS**

I,
declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to question 2)

If "Yes," state the place of your incarceration West Valley Detention Center

Are you employed at the institution? ☐ Yes ☒ No

Do you receive any payment from the institution? ☐ Yes ☒ No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past twelve months have you received any money from any of the following sources?:

- | | | |
|---|---|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, royalties interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Social Security, disability or other welfare | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Spousal or child support | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| g. Any other sources | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month.

I HAVE GOT MONEY FROM MY FRIENDS 70.00⁰⁰ 20.00⁰⁰ AND I HAVE GOTTEN
MONEY FROM JIM TERRELL 50.00⁰⁰ I DO NOT EXPECT NO MORE MONEY.

4. Do you have any checking account(s)? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s):

b. Present balance in account(s):

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s):

b. Present balance in account(s):

6. Do you own an automobile or other motor vehicle? ☐ Yes ☒ No

a. Make: Year: Model:

b. Is it financed? ☐ Yes ☐ No

c. If so, what is the amount owed?

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

☐ Yes ☒ No

If "Yes" describe the property and state its value. _____

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable):

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]):

11. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses.

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

DATE 6-28-07

Shingel Morrison

SIGNATURE OF APPLICANT

I do not Recieve ANY MONEY ON A DAY-TO-DAY
base. The county PAYS FOR ME TO EAT AND everything
ELSE.

If you are a **prisoner** you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

PRISON CERTIFICATE
(Incarcerated applicants only)
 (To be completed by the institution of incarceration)

I certify that the applicant Singue Morrison
 (NAME OF INMATE)

0601343644
 (INMATE'S CDC NUMBER)

has the sum of \$.17 ^{BK#} on account to his/her credit at

West Valley Retention Center
 (NAME OF INSTITUTION)

I further certify that the applicant has the following securities _____

to his/her credit according to the records of the aforementioned institution. I further certify that **during**

the past six months the applicant's *average monthly balance* was \$ 23.00

and the *average monthly deposits* to the applicant's account was \$ 5.00

ALL PRISONERS **MUST** ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT
STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD
IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).

06.28.07
 DATE

J. D. Blower
 SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION
Jacqueline
Doucette-Glover
 OFFICER'S FULL NAME (PRINTED)

Supv. Fiscal Specialist
 OFFICER'S TITLE/RANK

TRUST ACCOUNT WITHDRAWAL AUTHORIZATION
(Incarcerated applicants only)

(This form **MUST** be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

I, SINGUE BEIANA MORRISON #0601343644, request and authorize the agency holding me in custody to prepare for the Clerk of the United States District Court for the Southern District of California, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which I am obligated is either ☐ \$350 (civil complaint) or ☐ \$5 (habeas corpus petition) (check one). I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred.

DATE 6-28-07

Singue Morrison

SIGNATURE OF PRISONER

**Trust Account Summary**San Bernardino County Sheriff
Jail Information Management System**0601343644**

6/28/2007 1:48 PM

MORRISON, SINQUE BEIANA**BMA****IN-CUSTODY**Total Deposits: **+783.50** Total Withdrawals: **-783.33** Balance: **\$0.17** Facility Adjust: **\$0.00**Medical Co-Pay: **\$0.00** Welfare Bag: **\$0.00** Jail Damage: **\$0.00** ID Card: **\$0.00**

Date	Time	Amount	Type	Tran	Reference	Fiscal Officer	Facility
01/25/06	05:15	\$0.00	D	INTA	01343644	A MOORE	34
01/25/06	07:16	\$1.50	W	WELF	DB	S JEWSBURY	34
01/28/06	14:34	\$10.00	D	CIVI	130		34
01/31/06	00:41	\$5.12	W	COMM	00000000	A MALTESE	34
02/01/06	09:42	\$3.25	W	WELF	013106	N ORDAZ	34
02/07/06	12:32	\$80.00	D	CIVI	18	J DOUCETTE	34
02/14/06	00:24	\$65.63	W	COMM	00000000	A MALTESE	34
02/15/06	12:23	\$65.63	D	COMM	00000000	A MALTESE	34
02/21/06	01:18	\$21.84	W	COMM	00000000	A MALTESE	34
02/23/06	18:16	\$3.00	W	MDCP	022206	K KLEIN	34
02/27/06	12:25	\$100.00	D	CIVI	43		34
03/07/06	03:44	\$131.23	W	COMM	00000000	A MALTESE	34
03/14/06	00:51	\$23.48	W	COMM	00000000	A MALTESE	34
04/19/06	13:25	\$3.25	W	WELF	041806	N ORDAZ	34
04/24/06	09:10	\$70.37	D	MAIL	06	M FOXFORD	34
04/24/06	20:34	\$15.00	D	CIVI	57	L GOLDING	34
05/01/06	10:49	\$81.30	W	COMM	00000000	A MALTESE	34
05/01/06	11:12	\$1.39	W	COMM	00000000	A MALTESE	34
05/03/06	14:58	\$20.00	D	CIVI	82	K KLEIN	34
05/08/06	18:47	\$9.36	W	COMM	00000000	A MALTESE	34
05/22/06	06:05	\$9.25	W	COMM	00000000	A MALTESE	34
05/22/06	20:45	\$20.00	D	CIVI	65	J DOUCETTE	34
05/29/06	03:33	\$20.77	W	COMM	00000000	A MALTESE	34
06/14/06	14:31	\$3.00	W	MDCP	061306	K KLEIN	34
06/18/06	14:17	\$60.00	D	CIVI	138	K JOHNSON	34
06/19/06	03:20	\$46.06	W	COMM	00000000	A MALTESE	34
06/21/06	11:54	\$5.90	D	COMM	00000000	A MALTESE	34
06/27/06	04:55	\$15.60	W	COMM	00000000	A MALTESE	34

Date	Time	Amount	Type	Tran	Reference	Fiscal Officer	Facility
06/27/06	09:34	\$15.60	D	COMM	00000000	A MALTESE	34
07/04/06	19:05	\$30.00	D	CIVI	20	K JOHNSON	34
07/05/06	11:20	\$17.35	W	COMM	9787729		34
07/14/06	20:20	\$80.00	D	CIVI	87	R ABIVA	34
07/17/06	16:29	\$45.02	W	COMM	9829370		34
08/01/06	09:25	\$43.12	W	COMM	9874583		34
08/08/06	08:26	\$21.66	W	COMM	9896523		34
08/20/06	17:11	\$20.00	D	CIVI	158	M TATAIPU	34
08/29/06	02:16	\$13.92	W	COMM	9960491		34
09/01/06	20:29	\$29.67	W	DRCO	7/12		34
12/05/06	05:53	\$3.25	W	WELF	10264498		34
12/06/06	16:37	\$51.00	D	CIVI	83	N ORDAZ	34
12/19/06	05:15	\$22.99	W	COMM	10307289		34
12/19/06	05:16	\$3.25	W	WELF	10307289		34
01/11/07	12:17	\$20.00	D	MAIL	14	L TAWADROS	34
01/23/07	07:09	\$17.14	W	COMM	10412765		34
02/03/07	19:56	\$40.00	D	CIVI	222	N ORDAZ	34
02/03/07	19:58	\$30.00	D	CIVI	223	N ORDAZ	34
02/06/07	05:28	\$40.67	W	COMM	10454153		34
02/06/07	05:29	\$3.25	W	WELF	10454153		34
02/13/07	15:49	\$21.67	W	COMM	10477044		34
02/27/07	06:43	\$5.20	W	COMM	10519755		34
03/29/07	10:51	\$3.00	W	MDCP	32807	K JOHNSON	34
04/20/07	06:57	\$3.00	W	MDCP	041907	K KLEIN	34
06/04/07	19:17	\$50.00	D	CIVI	66	R ABIVA	34
06/05/07	03:47	\$39.09	W	COMM	10826960		34
06/12/07	04:18	\$5.05	W	COMM	10851349		34